Suicide Awareness
Suicide Awarenes s for Soldiers
U.S.ARMY
SUICIDE AWARENESS

Hold On

BY GOOD CHARLOTTE

This world, this world is cold
But you don't, you don't have to go
You're feeling sad you're feeling lonely
And no one seems to care

Your days you say they're way too long
And your nights you cant sleep at all (hold on)
And you're not sure what you're looking for
But you don't want to no more
And you're not sure what you're waiting for
but you don't want to no more

But we all bleed the same way as you do
We all have the same things to go thru
Hold on...if you feel like letting go
Hold on...it gets better than you know

Don't stop looking you're one step closer
Don't stop searching its not over...hold on

Army Health Promotion and Risk Reduction

“Leaders across our Army recognize that the health of our Soldiers, Army Civilians and Family members is a top priority. We remain committed to doing what is needed to care for our most precious asset—our people, thereby ensuring a healthy and resilient Force for the future. We must maintain our shared focus and continue these most important efforts in the days ahead.”

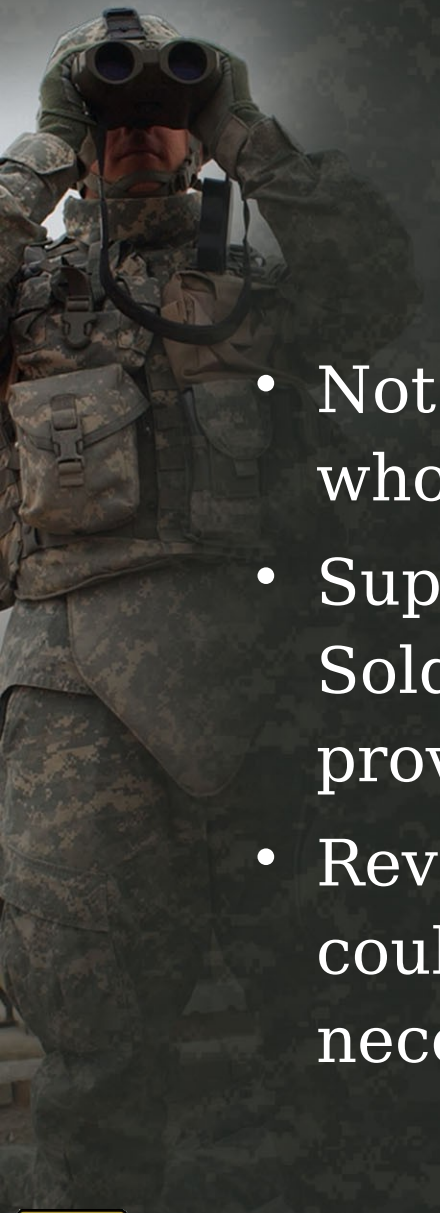
- GEN Lloyd J. Austin III
Vice Chief of Staff, Army

Sergeant Major of the Army Raymond F. Chandler III

"Make a Difference!"

"Leaders are in the best position to be our first line of defense."

"Recognize that seeking help is a sign of courage and that even the strongest turn to one another in a time of need."



Soldiers /Leaders Can Reduce Stigma by:

- Not discriminating against fellow Soldiers who receive mental health counseling.
- Supporting confidentiality between the Soldier and their behavioral health care provider.
- Reviewing unit policies and procedures that could preclude Soldiers from receiving all necessary and indicated assistance.

Soldiers/Leaders Can Reduce Stigma by: (Continued)

- Educating all Soldiers and Family members about anxiety, stress, depression, and treatment.
- Increasing behavioral health visibility presence in Soldiers' area (using the Combat Operational Stress Control tactics, techniques, and procedures: COSC; HQ DA, FM4-02.5(FM8-51)).
- Reinforcing the "power" of the buddy system in helping each other in times of crises (TRADOC Pamphlet 600-22).

Stigma and Career

The Secretary of Defense has successfully advocated a revised Question 21 of the SF86 Questionnaire for National Security Positions, which asks about mental health

Standard Form 86, Question 21 – Revised
(Feb 2008)

Mental health counseling in and of itself is not a reason to revoke or deny a clearance.

In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?

Answer "No" if the counseling was for any of the following reasons and was not court-ordered:

- ***strictly marital, family, grief not related to violence by you; or***
- ***strictly related to adjustments from service in a military combat environment.***

If you answered "Yes," indicate who conducted the treatment and/or counseling, provide the following information, and sign the Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA).

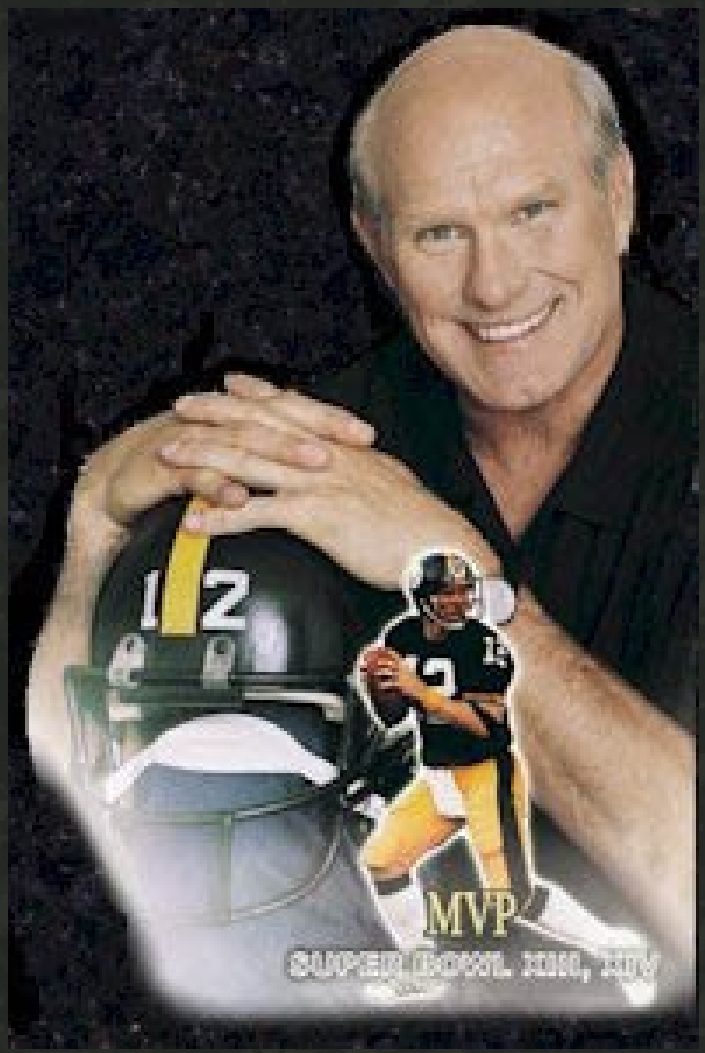
Under Secretary of Defense
Intelligence

Under Secretary of Defense
Personnel and Readiness

If You Are in Pain

Seek Help!

Terry Bradshaw



If Your Buddy is in Pain
Help Your Buddy!

You are a Warrior and a member of a team,You will never leave a fallen comrade!

Intervention

A

Ask your buddy

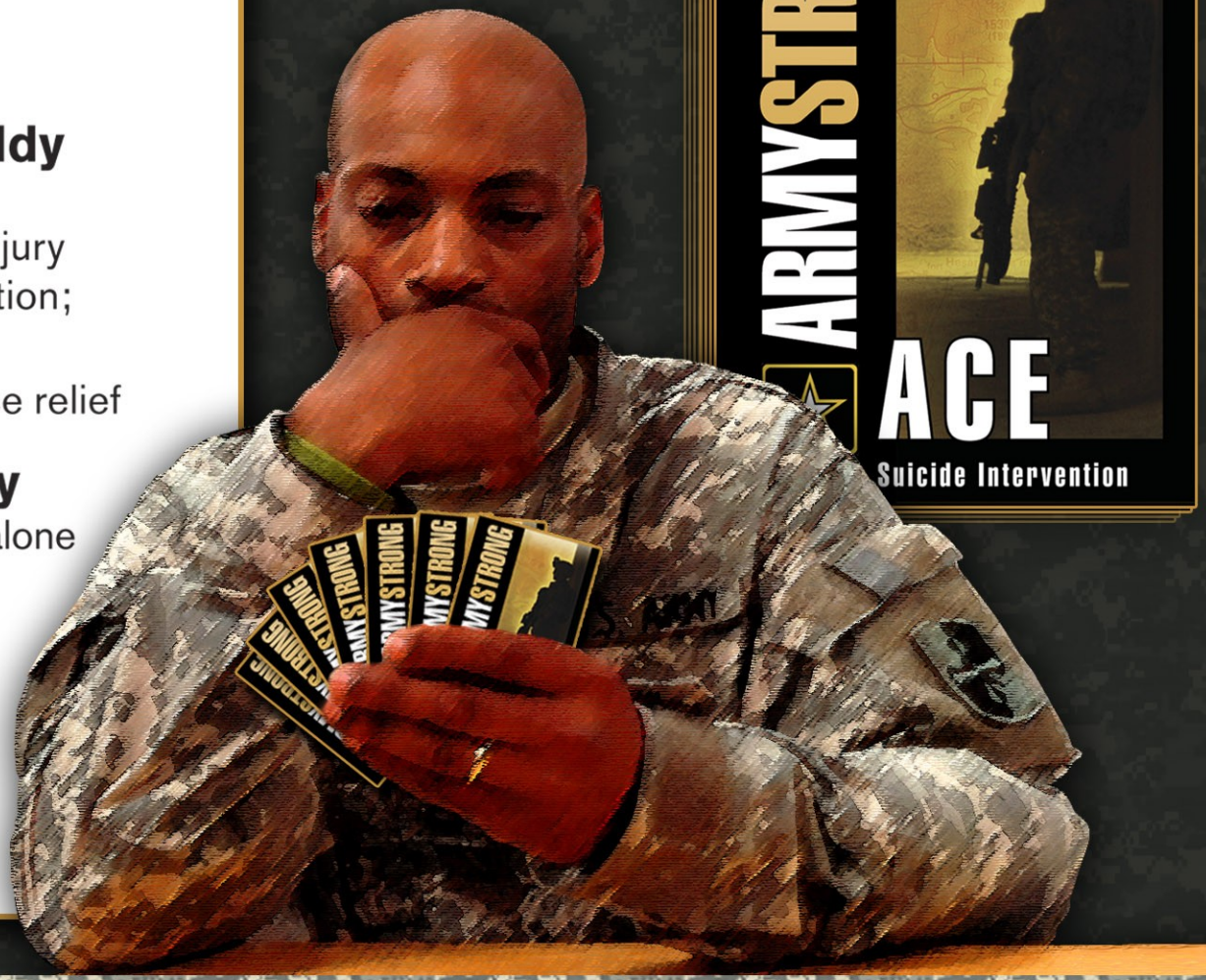
- Have the courage to ask the question, but stay calm
- Ask the question directly, e.g. Are you thinking of killing yourself?

Care for your buddy

- Remove any means that could be used for self-injury
- Calmly control the situation; do not use force
- Actively listen to produce relief

Escort your buddy

- Never leave your buddy alone
- Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider



Suicide Vignette #1

PVT Smith was a 22 year-old single, black male who was three months into his first deployment. While surfing MySpace.com, he learned that his deployed girlfriend was involved in another relationship. After that, PVT Smith began to abuse alcohol. One evening, PVT Smith refused to go to the gym with his buddies, which was unusual. That night, Private Smith took his own life.

Can you list the warning signs?

Given that you know PVT Smith, and are aware of his distress, which of the following would be the best response.

1. Wait and see how things go because it's not a good idea to interfere in another Soldier's personal matters. He might get angry.
2. If I knew about his girlfriend problems, I would talk to him to see if he was alright. I would ask him if he felt suicidal. If he said yes, I would escort him to see the commander.
3. Because of his alcohol abuse, I would inform the Platoon SGT that something was troubling PVT Smith i.e., he was drinking too much. I would suggest that the Platoon SGT talk to him.

Suicide Vignette #2

SPC Rodriquez was a 27 year-old, single, Hispanic male, who had previously deployed to both Iraq and Afghanistan. SPC Rodriquez recently received an Article 15 resulting in loss of pay and rank. His commander referred him for a lateral transfer and cross training. It was known that SPC Rodriquez was very frustrated and angry about the command referral and reassignment to a new unit that was deploying in a week. Ordinarily, he was very quiet and introverted, but had a good rapport with other platoon members. He was a "video gamer " who spent more time gaming and less time with friends. SPC Rodriquez was missing for 2 days before he was discovered dead by a buddy. SPC Rodriquez had hanged himself in the basement of his quarters.

Can you list the warning signs?

Given that you know SPC Rodriquez, and are aware of his distress, which of the following would be the best response.

1. Two deployments are tough. He probably received the Article 15 for complaining about going on another deployment. I prefer not to be involved with someone who received an Article 15. He was probably trouble.
2. In our unit, we keep good track of our unit personnel. If someone is missing, we look for the Soldier immediately to see if he or she is okay.
3. Realizing that SPC Rodriquez is a quiet person, I would talk to him after the transfer to see if he was alright. Given all his issues, I would recommend that he speak with the Chaplain.

Suicide Vignette #3

PFC Morgan was a 19 year-old, single, white male, 11B, who had deployed twice to Iraq with significant combat exposure. PFC Morgan had difficulties learning new Soldiers' skills. Because of his slowness, he was often ridiculed by peers and leadership. Everyone believed that he accepted the treatment as good natured ribbing. Prior to his death, he gave away some personal belongings. About one day before his death, he also told a buddy that he had "had enough". This was interpreted as simple frustration. PFC Morgan was found dead in his car by carbon monoxide poisoning.

Can you list the warning signs?

Given that you know PFC Morgan, and aware of his distress, which of the following would be the best response.

1. If I had known he was angry about being "teased", I would talk to him to see if he was alright. I would ask him if he had thoughts of suicide. If he said yes, I would convince him to see a behavioral health provider in the morning. After he made a commitment, I would tell him that I would pick him up the next day.
2. In the Army, people are always joking with each other. That's how we all deal with the stress. If you can't handle the ribbing, you should get out of the Army.
3. When I heard that he had had enough, I would immediately ask him if he was thinking of suicide. If he said yes, I would stay with him, and inform the chain of command. I would never leave him alone until he saw a helping provider.

Suicide Vignette #4

SPC Rhodes was a 25 year-old, single white female, 91W, who has deployed three different times: twice to Iraq and once to Afghanistan. During a current deployment, her TMC experienced a mass casualty in which SPC Rhodes watched several Soldiers from her unit die. She was neither well-liked nor disliked by others. She frequently talked about her boyfriend back home and their plans to marry. About a week before she died, she received a letter from her boyfriend indicating that he wanted to terminate their relationship. SPC Rhodes was discovered in her bunk dead

from a drug overdose.

Can you list the warning signs?

Given that you know SPC Rhodes, and are aware of her distress, which of the

following would be the best response.

1. " Dear John or Dear Joan" letters are common during deployments. It is best to wait and see how a Soldier will respond to such a letter. You don't want to ask intrusive questions unnecessarily because the Soldier could get angry.
2. If I had known about her boyfriend problems, I would have asked one of her girlfriends to talk to her. Girls relate better to each other. She would never tell a guy if she had thoughts of suicide.
3. Both the mass casualty and the loss of her boyfriend were concerns. I would talk to her to see if she was alright. As her buddy, I would make sure she talked to either the unit Chaplain or COSC team about her losses.

Suicide Vignette #5

SGT Jones was a 34 year-old, married white male, 13 B, who was six months into his first deployment. SGT Jones received a verbal counseling for not following proper risk assessment procedures which may have led to combat casualties. He declined mid-tour leave. One week before his death, he received an Article 15 for falling asleep while on guard duty. SGT Jones took his life using his own military weapon.

Can you list the warning signs?

Given that you know SGT Jones, and are aware of his distress, which of the following would be the best response.

1. Being in a war zone, he should have lost his stripes. Falling asleep on guard duty is unacceptable.
2. It was apparent that SGT Jones had issues. I believe that another NCO should talk to him to see if he is alright. This is NCO business.
3. Leadership should have recognized that it is not usual for an NCO to get an Article 15. SGT Jones must have been experiencing personal problems. I would have recommended that he talk to behavioral health.

Local Resources

(To Be Modified by Each Presenter)

- Chain of Command
- Unit Chaplain
- Behavioral Health Clinic
- Emergency Room
- Staff Duty
- www.militaryonesource.com
  1-800-342-9647
- http://www.preventsuicide.army.mil
  .
- SP lifeline, www.suicide preventionlifeline.org,
  1-800-273-TALK (8255) Press 1
  for military or veteran support